



5775 Morehouse Drive,  
San Diego, California 92121-2779  
(858) 651-2356 Fax: (858) 658-2502

RECEIVED  
CENTRAL FAX CENTER

JAN 06 2005

## *Facsimile Transmittal*

**DATE:** January 6, 2005  
**ATTN:** Examiner Barbara Burgess  
**TO:** U.S. PATENT AND TRADEMARK OFFICE  
**FAX:** (703) 872-9306  
**FROM:** Thomas M. Thibault  
**PHONE:** (858) 651-2356  
**FAX:** (858) 658-2502

**Application No.:** 10/010,587

**Number of Pages Sent:** 10 (including this transmittal cover sheet)

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL TO WHOM IT IS ADDRESSED AND CONTAINS INFORMATION THAT IS PRIVATE AND/OR PROPRIETARY. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately. Thank you!

BEST AVAILABLE COPY

PTO/SB/21

U.S. Department of Commerce  
Patent and Trademark Office  
PATENT

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 020075  
In Re Application of: Wolfe et al  
Serial Number: 10/010,587  
Filed: 11/13/01  
Examiner: Barbara Burgess  
Group Art Unit: 2157RECEIVED  
CENTRAL FAX CENTER

JAN 06 2005

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	25	25	0	x \$50 =	0
Independent**	3	3	0	x \$200 =	0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes x No				\$360	0
EXTENSION FEES				<input type="checkbox"/> One Month	\$120
				<input checked="" type="checkbox"/> Two Months	\$450
				<input type="checkbox"/> Three Months	\$1020
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$450.00

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$\_\_\_\_\_.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: January 6, 2005

Signature: Thomas M. Thibault, Reg. No. 42,181  
Phone No. (858) 651-2356QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: January 6, 2005

## FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Thomas M. Thibault  
(type or print name)Signature: 

(TRANSAMD.VER1.13-04/30/04)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of )  
WOLFE ET AL. ) For: SYSTEM FOR PROVIDING  
Serial No.: 10/010,587 ) ONLINE SERVICE REPORTS  
Filed: NOVEMBER 13, 2001 ) Group Art Unit: 2157

RECEIVED  
CENTRAL FAX CENTER

JAN 06 2005

RESPONSE TO OFFICE ACTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attention: Barbara Burgess  
Patent Examiner

Dear Ms. Burgess:

The following response is being submitted in response to the Office Action dated August 6, 2004. Applicants have not amended the claims; however, a complete listing of the original claims are provided for convenience, beginning on page 2. Please consider the follow remarks, beginning on page 6:

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

**BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☒ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**